



Indiana State Board of Nursing

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Governor Mitchell E. Daniels, Jr.

### **ANNUAL REPORT FOR PROGRAMS IN NURSING**

**Guidelines:** An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

**Purpose:** To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

**Directions:** To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto:PLA2@PLA.IN.GOV). Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year)". For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested (**Please see the attached documents titled 1) 2011-2012 Catalog, 2) 2012-2013 Catalog, and 3) 2011-2012 BSN Handbook**).

Indicate Type of Nursing Program for this Report: PN\_\_\_\_\_ ASN\_\_\_\_\_ BSN\_x\_\_\_\_

Dates of Academic Reporting Year: \_\_\_\_\_ **July 1, 2011 to June 30, 2012**

Name of School of Nursing: **Goshen College**

Address: **1700 S. Main Goshen, IN 46526**

Dean/Director of Nursing Program

Name and Credentials: **Brenda J. Srof, PhD, RN, CNL-C**

Title: **Professor & Chair, Dept. of Nursing** Email: **brendajs@goshen.edu**

Nursing Program Phone #: **574-535-7370** Fax: **574-535-7259**

Website Address: **www.goshen.edu/nursing**

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): \_\_\_\_\_

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: **We are currently accredited with CCNE and had a renewal site visit on March 12-14, 2012 (Please see attached CCNE letter).**

If you are not accredited by NLNAC or CCNE where are you at in the process? \_\_\_\_\_

## SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- |   |               |
|---|---------------|
| 1) Change in ownership, legal status or form of control   | Yes_____ No_x |
| 2) Change in mission or program objectives  | Yes_____ No_x |
| 3) Change in credentials of Dean or Director  | Yes x No_____ |
| 4) Change in Dean or Director   | Yes x No_____ |
| 5) Change in the responsibilities of Dean or Director   | Yes_____ No x |
| 6) Change in program resources/facilities   | Yes_____ No x |
| 7) Does the program have adequate library resources?  | Yes x No_____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes x No_____ |
| 9) Major changes in curriculum (list if positive response)  | Yes_____ No x |

**\* Please note the attached documents: 1) Chair of the Department, 2) Library Resources, and 3) Clinical Agencies (agencies new for 2011-2012 are highlighted in green; agencies deleted in 2011-2012 are highlighted in red).**

## SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing \_\_\_\_\_ Stable x Declining \_\_\_\_\_

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? **We are continually working on taking steps to increase our NCLEX-RN first time pass rate. We have implemented a policy whereby students must achieve a minimum of a 74% test average in the nursing clinical courses. Beginning in 2012-2013, the admission requirement for nursing increased to a cumulative college GPA of 2.7 or higher (effective for the class of 2015). We implemented ATI testing services and virtual ATI in 2007. Beginning in 2012-2013 we are increasing the requirements for meeting ATI standards at each level in the nursing program (Please note the attached document titled "ATI Assessment & Revision Plan for 2012-2013").**

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX? **Since 2007, we have administered the ATI predictor exam, but have not required a certain pass rate competency. Beginning in 2012-2013, a set pass rate will be required (Please note the attached document titled "ATI Assessment & Revision Plan for 2012-2013").**

2B.) If not, explain how you assess student readiness for the NCLEX. \_\_\_\_\_

2C.) If so, which exam(s) do you require? **ATI comprehensive predictor**

2D.) When in the program are comprehensive exams taken: Upon Completion \_\_\_\_\_  
As part of a course \_\_\_\_\_x Ties to progression or thru curriculum \_\_\_\_\_

2E.) If taken as part of a course, please identify course(s): **Nurs 211 Concepts and Strategies, Nurs 306 & 307: Nursing Care of the Adult I & II, Nurs 311: Nursing Care of the Expanding Family, Nurs 312: Nursing Care of the Child, Nurs 404: Nursing Care of the Older Adult, Nurs 405: Psychiatric/Mental-Health Nursing, Nurs 406: Acute Care Nursing, Nurs 408: Community Health Nursing, Nurs 409 Leadership in Nursing, Nurs 410: Senior Seminar**

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: **No faculty vacancies are reported for the report year. One of our full-time faculty members, Chris Wood, PhD, was on medical leave for the academic year and we were able to find adjunct faculty, including one with PhD preparation, to teach her courses.**

**One full-time faculty member, Judy Weaver Yoder MSN, CNM-BC, shifted from full-time to part-time status so that she could return to midwifery practice. She effectively resigned at the end of the 2011-2012 academic year.**

**Following Mervin Helmuth's retirement after 40 years of teaching, we hired Carolyn Davis, PhD, PNP as associate professor for pediatrics and pharmacology.**

**Jan Emswiler, BSN, MPH is in her second year of teaching nursing. She is in-line with a written plan to pursue the master's degree in nursing. She is performing at an excellent level.**

**Goshen College continues to grow in the number of full time faculty members with the terminal degree. Fifty percent of our full time faculty have achieved or are in candidacy for the doctor of philosophy in nursing.**

**B. Availability of clinical placements: Although scheduling of clinical placements requires coordination and communication between agencies and other schools of nursing, we continued to have adequate clinical placements in the 2011-2012 academic year (Please note the attached "Clinical Agencies" document).**

**C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):\_The CCNE accreditation visiting team report from March 2012 sites no concerns with library resources, skills lab, or simulation lab.**

**4.) At what point does your program conduct a criminal background check on students? The criminal background check is completed after admission to the department, but prior to the start of clinical placements in the 200 (sophomore) level.**

**5.) At what point and in what manner are students apprised of the criminal background check for your program? Students are apprised of the criminal background check via the nursing student handbook and by letter in the summer prior to the 200 level courses. The handbook is available on-line. In addition, students receive a paper copy in the first nursing course, Nurs 210, during which time students are oriented to the contents of the handbook.**

### **SECTION 3: STUDENT INFORMATION**

**1.) Total number of students admitted in academic reporting year:**

**Summer\_\_\_\_\_ Fall\_\_\_\_\_ Spring\_25 in basic & 33 RN-to-BSN**

**2.) Total number of graduates in academic reporting year:**

**Summer\_\_\_\_\_ Fall\_\_\_\_\_ Spring\_20 basic & 24 RN-to BSN**

**3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. No formal complaints were filed during the reporting year.**

**4.) Indicate the type of program delivery system:**

**Semesters\_\_x Quarters\_\_\_\_\_ Other (specify):The academic year consists of a fall and spring semester plus a 3 week May term.**

### **SECTION 4: FACULTY INFORMATION**

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

<b>Faculty Name:</b>	Carolyn Davis
<b>Indiana License Number:</b>	28047285A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	July 1, 2011
<b>Highest Degree:</b>	PhD
<b>Responsibilities:</b>	Nurs 312: Nursing care of the child (4 sections) and Nurs 305: Pharmacology and Drug Administration

<b>Faculty Name:</b>	Rebecca Davidhizar
<b>Indiana License Number:</b>	28185696A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	August, 2011
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Nurs 307: Nursing Care of the Adult II – supervised one clinical group in the fall semester  Nurs 212: Holistic Client Assessment – supervised on clinical group in the fall semester.

<b>Faculty Name:</b>	Teneesa Stuckey
<b>Indiana License Number:</b>	28154319A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	BSN, MSN student
<b>Responsibilities:</b>	Nurs 311: Nursing of Childbearing Family – supervised one clinical group in the fall semester.

<b>Faculty Name:</b>	Elizabeth Kenagy Miller
<b>Indiana License Number:</b>	28144831A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Nurs 311: Nursing of Childbearing Family – supervised two clinical groups

<b>Faculty Name:</b>	Dawn Hoover
<b>Indiana License Number:</b>	28129863A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	MSN, ANP-BC
<b>Responsibilities:</b>	Nurs 404: Nursing Care of the Older Adult – Theory section

<b>Faculty Name:</b>	Judy Sadler
<b>Indiana License Number:</b>	28185226A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	August 2011
<b>Highest Degree:</b>	PhD
<b>Responsibilities:</b>	Nurs 403: Nursing Research

B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty: 9

2. Number of part time faculty: 3
3. Number of full time clinical faculty:0
4. Number of part time clinical faculty:0
5. Number of adjunct faculty: 5

C. Faculty education, by highest degree only: (Goshen College is reporting for full time, part time and adjunct in the BSN program)

1. Number with an earned doctoral degree: **4 plus 1 PhD candidate**
2. Number with master's degree in nursing: **7**
3. Number with baccalaureate degree in nursing: **3**
4. Other credential(s). Please specify type and number: **1 Masters of Public Health**

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

Yes ☒ No ☐

**The director, Brenda Srof, holds a PhD, is employed full-time, and holds requisite nursing practice, education and administration.**

**The majority of faculty hold the master's degree with major in nursing. Jan Emswiler, RN, MPH has primary teaching responsibility for psychiatric mental health nursing. Her area of expertise is public health. She spent eight years coordinating HIV/AIDS programs in Tanzania. Although her master's degree is not in psychiatric nursing, Ms. Emswiler worked full time at Oaklawn Psychiatric facility for two months prior to her employment at Goshen College and continues to work on most weekends. She is currently taking classes toward a graduate degree in nursing. She has a written plan of study for degree completion and has matriculated in a college or university.**

**The majority of faculty members are full-time employees of the institution. We had more adjunct faculty members during the report period than is typical. This was necessitated by the medical leave of Dr. Chris Wood. Two adjunct faculty members were hired to cover her courses. Also, Judy Weaver Yoder decided in August, 2011 to shift to part-time status. Two adjunct faculty members were hired to cover her clinical responsibilities.**

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

1. A list of faculty no longer employed by the institution since the last Annual Report; (**Please see attached document titled "Faculty No Longer Employed"**).
2. An organizational chart for the nursing program and the parent institution (**Please see the attached document titled "Nursing Organizational Chart" and "Parent Organization Organizational Chart"**)

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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

\_\_\_\_\_ 8/10/2012  
Signature of Dean/Director of Nursing Program      Date

Brenda J. Srof

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.



Definitions from CCNE:

### **Potential Complainants**

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

### **Guidelines for the Complainant**

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.